



Nebraska Board of Geologists

Mail to: PO Box 94844
Lincoln, NE 68509-4844

Delivery: 215 Centennial Mall S, Suite 400
Lincoln, NE 68508

Phone: 402-471-8383
Fax: 402-471-0787

Questions? Contact us at nebog.board@nebraska.gov or www.geology.state.ne.us

VERIFICATION OF LICENSURE/EXAMINATION OF A GEOLOGIST

Applicant is to complete Section I only. Forward this form to the appropriate state registration/licensing board to be completed and returned to the Nebraska Board.

FROM (STATE BOARD NAME)		DATE		
ADDRESS				
SECTION I: APPLICANT INFORMATION				
NAME		LAST 4 DIGITS OF SSN		
ADDRESS (STREET, CITY, STATE, ZIP)				
SECTION II: VERIFICATION OF LICENSURE OR EXAMINATION				
1. THE ABOVE-NAMED PERSON IS OR WAS REGISTERED/LICENSED AS A:		Certificate or License Number	Date Issued	Valid Until
<input type="checkbox"/> GEOLOGIST INTERN (GIT)				
<input type="checkbox"/> PROFESSIONAL GEOLOGIST (PG)				
2. BASIS OF LICENSURE/REGISTRATION				
A. <input type="checkbox"/> WRITTEN EXAMINATION		Score	ASBOG Exam? (Yes / No)	Exam Date
F.G.				
P.G.				
B. <input type="checkbox"/> GEOLOGIST INTERN ACCEPTED FROM:				
C. <input type="checkbox"/> PROFESSIONAL GEOLOGIST ACCEPTED FROM:				
D. <input type="checkbox"/> OTHER:				
3. DENIAL, INVESTIGATIONS AND/OR COMPLAINTS:				
A. Has the above-named individual ever been denied registration in your state? (If yes, please give details in REMARKS or on reverse)				<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has a complaint been filed or has formal disciplinary action ever been taken against the above-named individual? (If yes, please give details in REMARKS or on reverse)				<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Is there currently an investigation in progress on the above named individual? (If yes, please give details in REMARKS or on reverse)				<input type="checkbox"/> Yes <input type="checkbox"/> No
5. REMARKS:				
6. VERIFIED BY:				
NAME		BOARD SEAL		
TITLE	DATE			